

LIONSBRIDGE FOOTBALL CLUB
Youth Clinic & Camp: Parent/Guardian Waiver and Release of Liability

I, **(parent/guarding name)** _____, as the parent or legal

guardian of **(child(ren's) name)** _____, authorize the participation of the above-named child to be participate in a youth soccer activity conducted by Lionsbridge Football Club. I acknowledge, recognize and fully understand the nature and extent of the risk and dangers inherent in participating in this event and being around the game of soccer, including, but not limited to, complications from heat stroke and other health-related risk, lightning strike, collision with players or vehicles, being struck by a ball or other object, sports injury, and assume the risk of being injured from all such dangers associated with being on the field of play during a soccer game. I recognize there is an inherent risk of exposure to COVID-19 that exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. By my child's participation and through this Agreement, I acknowledge that Lionsbridge FC have taken all reasonable health and safety measures to prevent illness or injury. An inherent risk of exposure to Covid-19 exists in any public place where people are present. Covid-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and Guests with underlying medical conditions are especially vulnerable. I voluntarily assume all risks related to exposure to Covid-19. I hereby release and waive any and all claims that I may have in the future against the United Soccer Leagues (USL), Lionsbridge Football Club (LBFC), the stadium owner or lessee, participating players, sponsors or vendors ("Club and Partners"), and I agree to indemnify and hold harmless these parties for any claims arising out of the participation in this event by the above named child, including those for personal injury and/or property damage now or at any time in the future, whether known or unknown, for any personal injury and/or property damage caused by the child's participation in the activity. In case of a medical emergency occurring during this event, I authorize qualified medical personnel to take all necessary action and measures in the treatment of the above-named child. Should Club Partners need to pursue or defend their rights under this Release Agreement, I agree to be responsible for all costs, including reasonable attorneys' fees. I agree that during the Clinic the Participant's likeness and image may be recorded by video, audio, photograph, and/or other recording methods. I hereby disclaim any and all ownership in these recordings and agree that Lionsbridge FC and Partners may use these recordings in the furtherance of their operations. I authorize Lionsbridge FC and Partners to add my e-mail address to their mailing lists. Should any portion of this Agreement be found unenforceable, that portion shall be null and void, but the remainder of this Agreement shall remain in force between the parties.

Printed Name of Youth Participant(s)

Printed Name of Parent or Legal Guardian

Date

Signature (Parent or Legal Guardian)